Name in Full

Certificate of Death

Levin Anderson

Died at Town Deals Island County Somerset MARYLAND

Date 1898 Month Dec Day 23 | Age Y. 70 M. 1 D. 6 | Native of Md | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~ 6

~~Husband~~ Wife of Margaret Anderson

Father's Name

Mother's Name

Cause of Death: Primary 57 | How long sick Sudden

Immediate Heart Disease | ~~Accident, Suicide, Homicide~~

Reported by Wm. W. Evans Md.

Address Deals-Island Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____

of _____

P. C. I

Information contained in this certificate received from Albert Anderson

of Deer Island Me

Name in Full

Certificate of Death

Noah Ballard

Died at Town: Deals Island County: Somerset MARYLAND

Date 1898 Month Dec. Day 11 | Age Y. 49 M. D. | Native of Md. | Occupation Oysterman

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Henry Ballard

Mother's Name Charlott Ballard

Cause of Death: Primary Paralysis 44

Immediate

How long sick 1 week

Accident, Suicide, Homicide

Reported by Wm. W. Evans M.D.

Address Deals Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968

Attended by Dr. _____

of _____

P. C. I

Information obtained in this certificate re-

ceived from Ann Jones

of Leah Blanar md

Name in Full

Certificate of Death

George W. Brown

Died at Crisfield (Town) Somerset (County) MARYLAND

Date 189 8 Month Dec Day 20 | Age Y. 64 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4.

Husband / Wife of Sarah Brown

Father's Name +

Mother's Name +

Cause of Death — Primary: Chronic Diarrhoea — How long sick: 6 months

Immediate: Exhaustion 89

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. F. Hull

Address Crisfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full: Charles Daniel

Certificate of Death

Died at Town: Deal Island County: Somerset MARYLAND

Date 189 8 Month: Dec. Day: 1 | Age Y. 59 M. — D. — | Native of U.S. | Occupation Farmer

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Wm. Daniel

Father's Name: Wm. Price

Mother's Name: Sarah Price

Cause of Death: Primary: Typhoid Fever

How long sick: 4 weeks

Immediate

Accident, Suicide, Homicide

Reported by: Wm. Ford M.D.

Address: Deal Island Md. Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Aler Bradford Evans

Died at Town: Crisfield County: Somerset MARYLAND

Date 1898 Month: Dec Day: 20

Age Y. 6 M. 4 D. 2

Native of Md

Occupation School boy

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 0

~~Husband~~ ~~Wife~~ of

Father's Name George C. Evans

Mother's Name Florence F. Evans

Cause of Death: Primary Typhoid fever 1 — How long sick 43 days

Immediate Cancrum oris

~~Accident~~, Suicide, ~~Homicide~~

Reported by W. F. Hall M.D.

Address Crisfield Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Capt. Wm. G. Hollman

Died at Town: Smith's Island County: Somerset MARYLAND

Date 189 Month: 12 Day: 20 | Age Y.: 83 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband / Wife of

Father's Name Capt. John Hoffman | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Crisfield 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Ida May Laws Laws

Died at Town Deals Island County Somerset MARYLAND

Date 1898 Month Dec Day 11 | Age Y. 2 M. D. | Native of md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Laws

Mother's Name Kate E Laws

Cause of Death: Primary Pneumonia — How long sick 4 weeks

Immediate 72 — ~~Accident, Suicide, Homicide~~

Reported by Wm W. Evans

Address Deals Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Attended by Dr. _____

of _____

P. C. I.

Information contained in this certificate re-
ceived from Kate E Laws
of Deals Island md

Neme In Full

Certificate of Death

Jos. L. Morris

Died at Princess Anne (Town) County Somerset MARYLAND

Date 189 8	Month 12	Day 31	Y.	M.	D.	Native of	Occupetion
			Age 1-2				

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primery 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ledger Enterprise 1-7

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

Miss Margaret E. Parker

Died at — Town: — County: Somerset — MARYLAND

Date 1898	Month: Dec	Dey: 18	Age: Y. 56 M. D.	Native of: -	Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — Divorced no — Number of children living 3

~~Husband~~ / Wife of Thos Parker Dead

Father's Name — Mother's Name

Cause of Death — Primary: Typhoid fever 1 — How long sick: 4 weeks

Immediate — Accident, Suicide, Homicide

Reported by Stevenson & Bro

Address Pocomoke City Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79706

Seen by Coroner_____

of_____

Attended by Dr. R. Reid Dashiell

of Princess Anne

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Joseph Roberts

Died at Town James Quarter County Somerset MARYLAND

Date 189 5 Month Dec-22 Day Age Y. About 60 M. D. Native of Md. Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband / Wife of Annie Roberts

Father's Name —— Mother's Name ——

Cause of Death: Primary Bright's Disease 97 How long sick

Immediate

Accident, Suicide, Homicide

Reported by S. J. Windsor

Address James Quarter Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Dora C Somers

Died at Town St Peters County Somerset MARYLAND

Date 1898 Month Dec Day 19 | Age Y. 17 M. - D. - | Native of St Peters | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Isaac S Somers

Mother's Name Georgiana Nutter

Cause of Death: Primary Typhoid Fever — How long sick 25 days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M. D.

Address Crisfield P.O. Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Anne Stubbs

Died at Town: Deals Island County: Somerset MARYLAND

Date 1898 Month: Dec. Day: 25 | Age Y.: 62 M.: D.: | Native of: md | Occupation: H.

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: 1

~~Husband~~ Wife of John Stubbs

Father's Name: John H. Jones

Mother's Name: Milcha A. Jones

Cause of Death: Primary: 100

Immediate: Kidney disease

How long sick: 11 days

~~Accident, Suicide, Homicide~~

Reported by: Wm. W. Evans md

Address: Deals Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Attended by Dr. _____

of _____

P.C.I

Information contained in this certificate received from Henry Braun

of Deals Island md

Name in Full: Adam Thomas

Certificate of Death

Died at Town: Deal Rd'd County: Somerset MARYLAND

Date 1898 Month: Dec. Day: 15 | Age Y. 22 M. — D. — | Native of U.S. | Occupation: Don't Know

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Elisha Thomas

Mother's Name: Mary J. Thomas

Cause of Death: Primary: Tuberculosis 22a

Immediate

How long sick: Don't Know

Accident, Suicide, Homicide

Reported by: Wm. Rowe M.D.

Address: Deal Rd'd Somerset Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr._____

of_____

Information contained in this certificate re-
ceived from_____

of_____

Name in Full

Certificate of Death

Susan Ward

Died at Town: Hopewell County: Somerset MARYLAND

Date 189 8 Month: Dec Day: 7 | Age Y.: 70 M.: 9 D.: 23 | Native of Balto. | Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ ~~Wife~~ of ~~Henry~~

Father's Name Henry Thomas | Mother's Name Rita Thomas

Cause of Death: Primary Valvula disease heart | How long sick

Immediate Pneumonia 5-7 | Accident, Suicide, Homicide

Reported by W. F. Hall M.D.

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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